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Follow-up to the Fourth World Conference on Women and to the special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century": implementation of strategic objectives and action in critical areas of concern, and further actions and initiatives; priority theme: "The empowerment of rural women and their role in poverty and hunger eradication, development and current challenges"

Statement submitted by Brothers of Charity, Communications Coordination Committee for the United Nations, Eastern African Sub-Regional Support Initiative for the Advancement of Women, Human Lactation Center, International Association of Schools of Social Work, International Council of Psychologists, International Council Of Women, International Federation of Business and Professional Women, International Society for Traumatic Stress Studies, IUS PRIMI VIRI International Association, Mahila Dakshata Samiti, National Council of Women of the United States, Northern Ireland Women's European Platform, Rural Development Leadership Network, Society for the Psychological Study of Social Issues, Soroptimist International, Women's Intercultural Network, Women's Welfare Centre, World Association for Psychosocial Rehabilitation, World Federation for Mental Health and Worldwide Organization for Women, non-governmental organizations in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Statement

The promotion of mental health and societal well-being, the prevention and treatment of mental illness and emotional distress and improvement in the delivery and quality of mental health services through advocacy and education at the United Nations has been advocated by the NGO Committee on Mental Health, which is affiliated with the Conference of Non-Governmental Organizations in Consultative Relationship with the United Nations and supported by a variety of organizations, including the ones above.

Historically, issues of mental health have often been overlooked in discussions at the United Nations, but this trend is changing, as evidenced by the inclusion of mental health in the recent Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. The importance of promoting mental health for all people is recognized by the World Health Organization (WHO) in its Constitution when it states that "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity; the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition" and "the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States".

The importance of promoting conditions for mental health and of treating mental illness among rural women, in order that they are empowered to fight poverty, eradicate hunger and promote sustainable development, cannot be overstated. This is consistent with the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, as reflected in article 25 (1) of the Universal Declaration of Human Rights, article 12 of the International Covenant on Economic, Social and Cultural Rights, article 24 of the Convention on the Rights of the Child and article 12 of the Convention on the Elimination of All Forms of Discrimination against Women.

Forty per cent of the world's population lives on less than $2 per day, and women and children are disproportionately represented among the impoverished and hungry. The ratio of women among the poor is rising, in effect creating a "feminization" of poverty. The mental health consequences of poverty among rural women are manifold. Poverty perpetuates hunger, violence, disease and fear. Women and girls living in rural settings in underdeveloped countries experience multiple challenges in accessing services vital to their physical and mental health, safety, education, employment and full economic development. They are more vulnerable to domestic violence and ongoing trauma. The WHO multi-country study of 2005 found that provincial (mostly rural) women living in Bangladesh, Ethiopia, Peru and the United Republic of Tanzania had experienced the highest levels of domestic violence. Rural women in Ethiopia were also found to have higher levels of depression.

The cyclical interaction of mental health issues, such as low self-esteem and depression, with poverty, lack of education, lack of employment and lack of general empowerment towards betterment of themselves and their communities are well established. Rural women in particular may lack access even to popular images of empowerment or information about fundamental conditions for mental health and

thus be especially vulnerable to victimization and depression. Those with physical and mental disabilities are especially vulnerable in rural communities.

Education and physical and mental health are integrally connected. There are serious lifelong psychological consequences to the stunting of women's intellectual growth, including severe loss of self-esteem. Lack of educational opportunities and access to knowledge in rural areas perpetuates the problem. Education empowers girls and women to resist violence and assert themselves. It is imperative that we confront the attitudes and mores that perpetuate gender-based educational inequity, in order to remove barriers that prevent women and girls from engaging fully in community and workplace alike.

Creative microfinancing projects, such as Tostan, Kashf and Grameen, have made a significant difference to the economic plight of rural women in the developing world. With economic empowerment, women contribute to the prudent spending of resources on education, health and nourishing food and the ending of oppressive practices, such as female genital mutilation. Nonetheless, there are limits to microfinance as a quick fix to solve the deep problems of poverty in rural areas. Inability to make on-time repayments and increased debt have become a great source of stress for poor women, and there are many cases of suicide committed by poor women in India and elsewhere. As women are often the foundation of the family, the ability to survive economically is essential for achieving independence, especially for rural women.

Examples exist of culturally sensitive health and mental health interventions to ensure sustainability within rural communities. In Bolivia, a national programme has been incorporated to extend health-care coverage through an intercultural approach, including services for pregnant women in rural communities, recognizing that these women play a central role in health promotion and the prevention of disease and violence. In Nicaragua, the Wangki Tangni Women's Centre is an example of a community organization combining food safety work with training in human rights and the combating of violence faced by indigenous women.

Women and men encounter constraints in accessing health services in rural areas, but women face particular challenges on account of their reproductive and caregiving roles. Accessibility remains a particular problem for rural women, who face restrictions on mobility, lacking access to transport or means of contacting transport (e.g. cell phones).

These mental health issues are increasing, and depression has emerged in epidemic form as the third-ranked chronic illness burden on the international community, with WHO projecting that it will be the greatest chronic illness burden in human society by 2030. Neglecting the mental health consequences of poverty, lack of education, perpetuation of violence and lack of opportunity for economic development will have negative consequences for the future well-being of society.

Recommended action priorities:

- Women and girls must have access to education and training in order to facilitate their mental health and well-being and obtain employment of a kind that reduces poverty. Education will serve as a foundation for informed decision-making and participation in contributing to community sustainability;

- Adequate, culturally appropriate mental health screening, counselling and ongoing services for women and girls with chronic mental illness must be developed in close collaboration with communities served;
- The provision of adequate funding for mental health workers and the training of health workers to recognize mental illness are crucial;
- Women must be trained in assertiveness skills in order to feel confident in their decision-making abilities in male-dominated contexts;
- Access to information and communication technology, such as cell phones and computers in order to break the barriers of isolation and access information that can provide support of mental health of rural women and girls;
- Women in rural communities should have equal rights to own land and other property, including the right to inheritance, and other rights available to men. Property and land ownership will help support family structures and prevent poverty and related psychosocial problems.